413000094806

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Certified Copies
Special Instructions to Filing Officer:
JUL - 2 2013
A. LUNT

Office Use Only



900249260259

07/01/13--01055--002 **160.00

THE HA I-THE BIRE

COVER LETTER

	degistration Section livision of Corporations	
SUBJEC [*]	REPERRINE SERVICES LLC. Name of Limited Liability Company	
	Name of Limited Liability Company	
	•	
The enclo	sed Articles of Organization and fee(s) are submitted for filing.	
Please ret	arn all correspondence concerning this matter to the following:	
	John T. Nason Name of Person	
	Name of Person	
	Peregrine SERVICES LLC.	
	· ······ company	
	3782 PALM VALLEY Rd. STE 102, 210 Address	
	Ponte Vedra Beach FL 32082	-
	City/State and Zip Code	•
_	E-mail address: (to be used for future annual report notification)	
For furthe	and the first of the second se	& &
ر -ر -	The state of the s	
	Name of Person at (57) ZZ9-Z664 ²⁵ Area Code & Daytime Telephone Number	
Enclosed	is a check for the following amount:	
3 \$125.00	Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limite	ed Liability Company	is:		
Peregr	INE Seri	vices LLC.		
(Must en	d with the words "Limited Li	iability Company, "L.L.C.," or "	LLC.")	
ARTICLE II - Addre	ss:			
		e principal office of the I	Limited Liability Company	is:
Principal Office Addr	<u>'ess:</u>	Mailing Address:	13 E	Ţ
18 CYPRESS (BAY DR	3782 Palm 1 STE 102 PONTE VEA	Valley Rd	7 7
Florida 3	208/	PUNTE VE	re FL 320823	1
	ny cannot serve as its own Re		ed Agent's Signature	
The name and the Flori	ida street address of th	ne registered agent are:		
	John T	Nason		
<u> </u>	8 Cypress Florida street PUNTE Vedr	BAY DR. address (P.O. Box NOT acc	eptable)	
	City	, State, and Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member MGRM	John T. Nason
	3782 PALM Valley Rd 3
	PONTE Vedra Best From
	
	<u> </u>
(Use attachment if necessary)	
	e date of filing: (OPTIONA
ffective date is listed, the date mus	t be specific and cannot be more than five busines

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Tohn T. Nason

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)